

CHAPTER 265

HUMAN SERVICES - SOCIAL SERVICES

SENATE BILL 96-178

BY SENATORS Wham, Hopper, Pascoe, Bishop, Hernandez, Johnson, Linkhart, Martinez, Matsunaka, L. Powers, Rupert, Tanner, Wattenberg, and Weddig;
also REPRESENTATIVES Kreutz, Anderson, Epps, Kerns, Lyle, Morrison, Lawrence, and Mace.

AN ACT

CONCERNING SERVICES FOR PERSONS WITH DISABILITIES, AND MAKING AN APPROPRIATION IN CONNECTION THEREWITH.

Be it enacted by the General Assembly of the State of Colorado:

SECTION 1. Article 4 of title 26, Colorado Revised Statutes, 1989 Repl. Vol., as amended, is amended BY THE ADDITION OF A NEW PART to read:

**PART 9
CONSUMER-DIRECTED ATTENDANT SUPPORT FOR
PERSONS WITH DISABILITIES**

26-4-901. Legislative declaration. THE GENERAL ASSEMBLY FINDS THAT THERE MAY BE A MORE EFFECTIVE AND EFFICIENT WAY TO DELIVER ATTENDANT SUPPORT SERVICES TO PERSONS WITH DISABILITIES THAT ALLOWS FOR MORE CONSUMER DIRECTION AND COST SAVINGS TO THE STATE. THE GENERAL ASSEMBLY FINDS THAT THE PROVISION OF ATTENDANT SUPPORT CAN ALLOW PERSONS WITH DISABILITIES TO BE EMPLOYED AND TO LIVE IN THEIR HOMES AND THAT THE LACK OF ATTENDANT SUPPORT HAS BEEN A BARRIER TO BOTH EMPLOYMENT AND COMMUNITY LIVING. THE GENERAL ASSEMBLY FURTHER FINDS THAT EVERY PERSON WITH A DISABILITY DOES NOT NEED THE SAME LEVEL OF SUPERVISION FROM A LICENSED HEALTH CARE PROFESSIONAL IN ORDER TO RECEIVE QUALITY ATTENDANT SUPPORT. THE GENERAL ASSEMBLY ACKNOWLEDGES THAT THERE MAY BE INCREASED RISK ASSOCIATED WITH RELYING UPON PERSONS WITH DISABILITIES TO SELF-DIRECT THEIR ATTENDANT SUPPORT; HOWEVER, THE GENERAL ASSEMBLY FINDS THAT PERSONS WITH DISABILITIES SHOULD HAVE SIMILAR OPPORTUNITIES TO SUCCEED AND TO FAIL CONSISTENT WITH THE EXPERIENCES OF OTHER CITIZENS OF THIS STATE. THE

Capital letters indicate new material added to existing statutes; dashes through words indicate deletions from existing statutes and such material not part of act.

GENERAL ASSEMBLY, THEREFORE, DECLARES THAT IT WOULD BE BENEFICIAL TO THE STATE OF COLORADO FOR THE STATE DEPARTMENT, IN COOPERATION WITH THE DEPARTMENT OF HUMAN SERVICES, TO ANALYZE THE FEASIBILITY AND COST-EFFECTIVENESS OF A CONSUMER-DIRECTED ATTENDANT SUPPORT PROGRAM THAT PROMOTES SELF-SUFFICIENCY, SELF-RELIANCE, AND A SENSE OF PERSONAL RESPONSIBILITY IN PERSONS WITH DISABILITIES WHO MAKE APPROPRIATE ATTENDANT SUPPORT DECISIONS.

26-4-902. Definitions. AS USED IN THIS PART 9, UNLESS THE CONTEXT OTHERWISE REQUIRES:

(1) "ATTENDANT SUPPORT" MEANS ANY ACTION TO ASSIST A PERSON WITH A DISABILITY IN ACCOMPLISHING ACTIVITIES OF DAILY LIVING, INSTRUMENTAL ACTIVITIES OF DAILY LIVING, AND HEALTH-RELATED TASKS. SUCH ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO, PERSONAL CARE SERVICES, HOUSEHOLD SERVICES, COGNITIVE SERVICES, MOBILITY SERVICES, AND HEALTH-RELATED TASKS.

(2) "CONSUMER-DIRECTED" MEANS THAT A PERSON WITH A DISABILITY RECEIVES A DIRECT PAYMENT AND EMPLOYS, TRAINS, AND IN OTHER WAYS MANAGES THE PERSON WHO PROVIDES THEIR ATTENDANT SUPPORT. THE DIRECT PAYMENT RECEIVED BY A PERSON WITH A DISABILITY TO PAY FOR ATTENDANT SUPPORT SHALL NOT BE COUNTED AS INCOME FOR PURPOSES OF DETERMINING ELIGIBILITY FOR MEDICAID AND OTHER STATE PROGRAMS THAT USE INCOME TO DETERMINE ELIGIBILITY.

(3) "PERSON WITH A DISABILITY" MEANS A PERSON WHO MEETS THE DEFINITION OF DISABILITY SET FORTH IN TITLE 1 OF THE FEDERAL "AMERICANS WITH DISABILITIES ACT OF 1990", 42 U.S.C. 12101 THROUGH 12213, SEC. 1630.2 (g).

26-4-903. Pilot program - consumer-directed attendant support. (1) THE GENERAL ASSEMBLY AUTHORIZES THE STATE DEPARTMENT, IN COOPERATION WITH THE DEPARTMENT OF HUMAN SERVICES, TO IMPLEMENT A PILOT PROGRAM THAT WOULD ALLOW AS MANY AS ONE HUNDRED FIFTY PERSONS WITH DISABILITIES TO SELF-DIRECT THEIR ATTENDANT SUPPORT. THE PILOT PROGRAM SHALL BEGIN NO LATER THAN JULY 1, 1997, AND SHALL END JULY 1, 2000, UNLESS EXTENDED BY THE GENERAL ASSEMBLY ACTING BY BILL. THE DEPARTMENTS SHALL DESIGN AND IMPLEMENT A PROGRAM WITH INPUT FROM AN ADVISORY COMMITTEE THAT SHALL INCLUDE CONSUMERS OF ATTENDANT SUPPORT. THE DEPARTMENTS ARE AUTHORIZED TO SEEK ANY FEDERAL WAIVERS THAT MAY BE NECESSARY TO IMPLEMENT THIS PART 9.

(2) (a) THE PURPOSE OF THE PILOT PROGRAM AUTHORIZED BY THIS SECTION SHALL BE TO INCREASE THE AMOUNT OF CONSUMER DIRECTION IN THE DELIVERY OF ATTENDANT SUPPORT, TO INCREASE FLEXIBILITY IN THE WAY ATTENDANT SUPPORT IS DELIVERED, AND TO PRODUCE AN OVERALL COST SAVINGS FOR THE STATE COMPARED TO THE ESTIMATED EXPENDITURES THAT WOULD HAVE BEEN SPENT FOR THE SAME PERSONS WITH DISABILITIES ABSENT THE PILOT PROGRAM.

(b) IN ORDER TO QUALIFY AND TO REMAIN ELIGIBLE FOR THE PILOT PROGRAM AUTHORIZED BY THIS SECTION, A PERSON WITH A DISABILITY SHALL:

(1) BE WILLING TO PARTICIPATE IN THE PILOT PROGRAM;

(II) BE ELIGIBLE FOR MEDICAID. THIS PILOT PROGRAM MAY INCLUDE PERSONS WHOSE GROSS INCOME DOES NOT EXCEED THREE HUNDRED PERCENT OF THE CURRENT FEDERAL SUPPLEMENT SECURITY INCOME BENEFIT LEVEL AND WHO ARE ELIGIBLE FOR A HOME AND COMMUNITY-BASED PROGRAM BUT WHO CHOOSE THE PILOT PROGRAM AUTHORIZED IN SUBSECTION (1) OF THIS SECTION IN LIEU OF A HOME AND COMMUNITY-BASED PROGRAM;

(III) DEMONSTRATE A CURRENT NEED FOR ATTENDANT SUPPORT AND HAVE RECEIVED MEDICAID-FUNDED ATTENDANT SUPPORT FOR THE PAST TWELVE MONTHS;

(IV) HAVE A UTILIZATION REVIEW THAT INDICATES A PREDICTABLE NEED FOR ATTENDANT SUPPORT AND A PATTERN OF STABLE HEALTH, SUCH AS A PERSON WITH A DISABILITY WHO SEEKS APPROPRIATE TREATMENT FOR ILLNESSES AND CONDITIONS;

(V) OBTAIN A STATEMENT FROM HIS OR HER PRIMARY CARE PHYSICIAN THAT INDICATES SUCH PERSON WITH A DISABILITY HAS SOUND JUDGMENT AND IS IN STABLE CONDITION;

(VI) DEMONSTRATE THE ABILITY TO HANDLE THE FINANCIAL ASPECTS OF SELF-DIRECTED ATTENDANT CARE;

(VII) DEMONSTRATE THE ABILITY TO MANAGE THE HEALTH ASPECTS OF HIS OR HER LIFE; AND

(VIII) DEMONSTRATE THE ABILITY TO SUPERVISE ATTENDANTS AND TO GIVE CLEAR DIRECTIONS.

(3) THE STATE DEPARTMENT AND THE DEPARTMENT OF HUMAN SERVICES SHALL DEVELOP THE ACCOUNTABILITY REQUIREMENTS NECESSARY TO SAFEGUARD THE USE OF PUBLIC DOLLARS AND TO PROMOTE EFFECTIVE AND EFFICIENT SERVICE DELIVERY.

(4) THE STATE DEPARTMENT AND THE DEPARTMENT OF HUMAN SERVICES SHALL WORK WITH CONSUMERS OF ATTENDANT SUPPORT TO DEVELOP TRAINING AND TECHNICAL ASSISTANCE FOR PERSONS WITH DISABILITIES WHO CHOOSE TO PARTICIPATE IN THE PILOT PROGRAM AUTHORIZED BY THIS SECTION. THE DEPARTMENTS SHALL DETERMINE WHETHER SUCH TRAINING IS MANDATORY OR OPTIONAL FOR PARTICIPANTS.

(5) THE STATE DEPARTMENT AND THE DEPARTMENT OF HUMAN SERVICES SHALL ADOPT RULES AS NECESSARY FOR THE IMPLEMENTATION AND ADMINISTRATION OF THE PILOT PROGRAM AUTHORIZED BY THIS SECTION. SUCH RULES MAY INCLUDE A PROVISION ALLOWING A PERSON WITH A COGNITIVE DISABILITY, SUCH AS A PERSON WITH A DEVELOPMENTAL DISABILITY OR PERSON WITH A MENTAL ILLNESS, TO DESIGNATE A FAMILY MEMBER OR FRIEND TO BE RESPONSIBLE FOR MANAGING THE FINANCIAL MATTERS ASSOCIATED WITH THE SELF-DIRECTED ATTENDANT CARE. SUCH DESIGNEE SHALL NOT DIRECT THE ATTENDANT CARE OR RECEIVE REIMBURSEMENT FOR HIS OR HER SERVICES.

(6) THE STATE DEPARTMENT AND THE DEPARTMENT OF HUMAN SERVICES SHALL CONDUCT AN INDEPENDENT EVALUATION OF THE PILOT PROGRAM TO BE COMPLETED BY THE END OF THE THIRD YEAR OF THE PROGRAM, AND A REPORT OF SUCH

EVALUATION SHALL BE PROVIDED TO THE GENERAL ASSEMBLY BY SEPTEMBER 1, 2000. THE DEPARTMENTS SHALL REPORT TO THE GENERAL ASSEMBLY BY SEPTEMBER 1, 1998, AND BY SEPTEMBER 1 OF EACH YEAR THEREAFTER CONCERNING THE FOLLOWING:

(a) THE NUMBER OF PERSONS WITH DISABILITIES PARTICIPATING IN THE PILOT PROGRAM;

(b) THE COST EFFECTIVENESS OF THE PILOT PROGRAM;

(c) FEEDBACK FROM CONSUMERS, THE STATE DEPARTMENT, AND THE DEPARTMENT OF HUMAN SERVICES CONCERNING THE PROGRESS AND SUCCESS OF THE PROGRAM;

(d) ANY CHANGES TO THE HEALTH STATUS OR HEALTH OUTCOMES OF THE PARTICIPATING RECIPIENTS;

(e) OTHER INFORMATION RELEVANT TO THE SUCCESSES AND PROBLEMS OF THE PILOT PROGRAM; AND

(f) RECOMMENDATIONS CONCERNING THE FEASIBILITY OF CONTINUING THE PROGRAM BEYOND THE PILOT STAGE AND CHANGES, IF ANY, THAT ARE NEEDED.

(7) THE EXECUTIVE DIRECTORS OF THE STATE DEPARTMENT AND THE DEPARTMENT OF HUMAN SERVICES ARE AUTHORIZED TO ACCEPT AND EXPEND ON BEHALF OF THE STATE ANY GRANTS OR DONATIONS FROM ANY PRIVATE SOURCE FOR THE PURPOSE OF IMPLEMENTING THIS PART 9.

26-4-904. Repeal of part. THIS PART 9 IS REPEALED, EFFECTIVE JULY 1, 2000.

SECTION 2. 26-4-527, Colorado Revised Statutes, 1989 Repl. Vol., as amended, is amended to read:

26-4-527. Residential child health care - waiver - program. (1) The department of health care policy and financing, IN COOPERATION WITH THE DEPARTMENT OF HUMAN SERVICES, shall implement a program concerning residential child health care under this article to provide services to medicaid-eligible children residing in residential child care facilities AND CHILDREN PLACED THROUGH COUNTY DEPARTMENTS OF SOCIAL SERVICES IN LICENSED OR CERTIFIED OUT-OF-HOME PLACEMENT FACILITIES IN ADDITION TO RESIDENTIAL CHILD CARE FACILITIES. CHILDREN WITH DEVELOPMENTAL DISABILITIES, AS DEFINED IN SECTION 27-10.5-102 (11), C.R.S., WHO ARE PLACED IN SUCH FACILITIES SHALL MEET THE OUT-OF-HOME PLACEMENT CRITERIA DESCRIBED IN SECTION 19-1-107, C.R.S., AND SHALL BE NEGLECTED OR DEPENDENT AS DESCRIBED IN SECTION 19-3-102, C.R.S. The medical services board shall establish the type of rehabilitative or medical assistance services to be provided under the program as described in subsection (3) of this section, to the extent such services are cost-efficient, and the recipient eligibility criteria that may include, but are not limited to, a medical necessity determination and a financial eligibility determination.

(2) The department of health care policy and financing, IN COOPERATION WITH THE DEPARTMENT OF HUMAN SERVICES, may limit the number of recipients or providers

participating in the program in accordance with any federal waiver obtained by the state department to implement this section.

(3) The department of health care policy and financing, IN COOPERATION WITH THE DEPARTMENT OF HUMAN SERVICES, shall promulgate rules as necessary for the implementation of the program, including, but not limited to, rules regarding program services that may include rehabilitative services as appropriate to residential child health care when referred by a physician licensed pursuant to article 36 of title 12, C.R.S., a psychologist licensed pursuant to part 3 of article 43 of title 12, C.R.S., A REGISTERED PROFESSIONAL NURSE AS DEFINED IN SECTION 12-38-103 (11), C.R.S., WHO, BY REASON OF POSTGRADUATE EDUCATION AND ADDITIONAL NURSING PREPARATION, HAS GAINED KNOWLEDGE, JUDGMENT, AND SKILL IN PSYCHIATRIC OR MENTAL HEALTH NURSING, a clinical social worker licensed pursuant to part 4 of article 43 of title 12, C.R.S., a marriage and family therapist licensed pursuant to part 5 of article 43 of title 12, C.R.S., or a professional counselor licensed pursuant to part 6 of article 43 of title 12, C.R.S.; the number of recipients participating; eligibility criteria including financial eligibility criteria; reimbursement of providers; and such other rules as are necessary for the implementation and administration of the program. The twenty percent county contribution established in section 26-1-122 for residential child care facilities may be used by the state to obtain federal financial participation under Title XIX of the social security act for any residential child health care program established pursuant to this section. The twenty percent contribution shall not be increased due to any federal financial participation received as a result of any programs established pursuant to this section. Nothing in this section shall be construed to prohibit an adjustment in the county contribution due to caseload or service cost increases. Nothing in this section shall be construed to create a county obligation to directly participate in the financing of any program established pursuant to the "Colorado Medical Assistance Act" as set forth in this article.

SECTION 3. 26-4-301 (1) (h), Colorado Revised Statutes, 1989 Repl. Vol., as amended, is repealed as follows:

26-4-301. Optional provisions - optional groups. (1) The federal government allows the state to select optional groups to receive medical assistance. Pursuant to federal law, any person who is eligible for medical assistance under the optional groups specified in this section shall receive both the mandatory services specified in sections 26-4-202 and 26-4-203 and the optional services specified in sections 26-4-302 and 26-4-303. Subject to the availability of federal financial aid funds, the following are the individuals or groups which Colorado has selected as optional groups to receive medical assistance pursuant to this article:

(h) ~~Individuals receiving community-supported living arrangement services for persons with developmental disabilities, as specified in subpart 4 of part 6 of this article;~~

SECTION 4. 26-4-302 (1) (t), Colorado Revised Statutes, 1989 Repl. Vol., as amended, is repealed as follows:

26-4-302. Basic services for the categorically needy - optional services. (1) The following are services for which federal financial participation is available and which Colorado has selected to provide as optional services under the medical

assistance program:

~~(t) Community-supported living arrangement services for persons with developmental disabilities, as specified in subpart 4 of part 6 of this article.~~

SECTION 5. 26-4-303 (1) (l), Colorado Revised Statutes, 1989 Repl. Vol., as amended, is repealed as follows:

26-4-303. Optional programs with special state provisions. (1) This section specifies programs developed by Colorado to increase federal financial participation through selecting optional services or optional eligible groups. These programs include but are not limited to:

~~(l) The community-supported living arrangement services program for persons with developmental disabilities, as specified in subpart 4 of part 6 of this article.~~

SECTION 6. Repeal. Subpart 4 of part 6 of article 4 of title 26, Colorado Revised Statutes, 1989 Repl. Vol., as amended, is repealed.

SECTION 7. 25.5-1-201 (1) (i) and (1) (j), Colorado Revised Statutes, 1989 Repl. Vol., as amended, are amended, and the said 25.5-1-201 (1) is further amended BY THE ADDITION OF A NEW PARAGRAPH, to read:

25.5-1-201. Programs to be administered by the department of health care policy and financing. (1) Programs to be administered and functions to be performed by the department of health care policy and financing shall be as follows:

(i) The "Hospital Efficiency and Cooperation Act", as specified in part 5 of this article; ~~and~~

(j) Effective July 1, 1996, school entry immunization, as specified in part 9 of article 4 of title 25, C.R.S. Commencing on and after the fiscal year beginning July 1, 1996, the state department is authorized to contract with the department of public health and environment for the purpose of enforcing the school entry immunization requirements; AND

~~(k) THE CONSUMER-DIRECTED ATTENDANT SUPPORT PILOT PROGRAM AUTHORIZED IN SECTION 26-4-903, C.R.S.~~

SECTION 8. Part 1 of article 2 of title 26, Colorado Revised Statutes, 1989 Repl. Vol., as amended, is amended BY THE ADDITION OF A NEW SECTION to read:

26-2-135. Medically correctable pilot - fund established - rules - repeal. (1) ON OR BEFORE JANUARY 1, 1997, THE STATE DEPARTMENT SHALL MAKE PREPARATIONS FOR THE IMPLEMENTATION OF A STATEWIDE MEDICALLY CORRECTABLE PILOT PROGRAM, REFERRED TO IN THIS SECTION AS THE "PROGRAM". THE PROGRAM SHALL BE IMPLEMENTED FOR A TERM OF THREE YEARS. SUCH PREPARATIONS SHALL INCLUDE BUT ARE NOT LIMITED TO STAFF TRAINING, POLICY DEVELOPMENT, AND RULE-MAKING PURSUANT TO ARTICLE 4 OF TITLE 24, C.R.S.

(2) ON AND AFTER JANUARY 1, 1997, THE PROGRAM SHALL BE APPLICABLE TO A

PERSON WHO:

- (a) HAS BEEN APPROVED FOR STATE AID TO THE NEEDY DISABLED;
 - (b) IS DETERMINED TO BE UNLIKELY TO MEET THE DISABILITY CRITERIA FOR SUPPLEMENTAL SECURITY INCOME;
 - (c) HAS A DISABILITY THAT CAN BE CORRECTED WITH MEDICAL TREATMENT AT A COST THAT DOES NOT EXCEED TEN THOUSAND DOLLARS SO THAT THE PERSON CAN RETURN TO EMPLOYMENT; AND
 - (d) IS NOT OTHERWISE RECEIVING WORKERS' COMPENSATION BENEFITS.
- (3) THE PROGRAM SHALL CONSIST OF THE FOLLOWING FEATURES:
- (a) A PROCESS BY WHICH THE STATE DEPARTMENT SHALL DETERMINE WHETHER A PERSON QUALIFIES TO RECEIVE MEDICAL TREATMENT SO THAT THE PERSON CAN RETURN TO WORK;
 - (b) A SET OF PROCEDURES FOR MONITORING A PERSON'S RECOVERY FROM THE MEDICAL TREATMENT AND RETURN TO WORK AFTER PARTICIPATING IN THE PROGRAM; AND
 - (c) ANNUAL REPORTS TO THE JOINT BUDGET COMMITTEE AND THE HOUSE COMMITTEE ON HEALTH, ENVIRONMENT, WELFARE, AND INSTITUTIONS AND THE SENATE COMMITTEE ON HEALTH, ENVIRONMENT, WELFARE, AND INSTITUTIONS THAT IDENTIFY THE NUMBER OF PERSONS WHO RECEIVED MEDICAL TREATMENT PURSUANT TO THE PROGRAM IN THE PRECEDING FISCAL YEAR, THEIR RECOVERY RATES AND RETURN TO THE WORKFORCE, AND THE AMOUNT OF MONEYS SPENT ON THE PROGRAM.
- (4) THE COST OF THE MEDICAL TREATMENT IDENTIFIED IN PARAGRAPH (c) OF SUBSECTION (2) OF THIS SECTION SHALL NOT BE A BENEFIT FOR PURPOSES OF ARTICLES 40 TO 47 OF TITLE 8, C.R.S.
- (5) THIS SECTION IS REPEALED, EFFECTIVE JULY 1, 2000.

SECTION 9. Appropriations - appropriations in long bill to be adjusted.

(1) In addition to any other appropriation, there is hereby appropriated, to the department of health care policy and financing, medical services division, administration, for the fiscal year beginning July 1, 1996, the sum of one hundred five thousand three hundred two dollars (\$105,302), or so much thereof as may be necessary, for the purpose of implementing this act. Of said sum, forty-four thousand four hundred ninety-five dollars (\$44,495) shall be from the general fund and subject to the "(M)" notation as defined in the general appropriation act, and sixty thousand eight hundred seven dollars (\$60,807) shall be from matching federal funds.

(2) In addition to any other appropriation, there is hereby appropriated, to the department of health care policy and financing, medical services division, department of human services, for the fiscal year beginning July 1, 1996, the sum of three million one hundred thousand four hundred sixteen dollars (\$3,100,416), or so much thereof as may be necessary, for the purpose of implementing this act. Of said sum, one

million four hundred seventy-seven thousand five hundred twenty-one dollars (\$1,477,521) shall be from the general fund and subject to the "(M)" notation as defined in the general appropriation act, and one million six hundred twenty-two thousand eight hundred ninety-five dollars (\$1,622,895) shall be from matching federal funds.

(3) For the implementation of this act, appropriations made in the annual general appropriation act to the department of human services, for the fiscal year beginning July 1, 1996, shall be adjusted as follows:

(a) The cash funds exempt appropriation to the executive director's office shall be increased by fifty-one thousand one hundred sixty-two dollars (\$51,162). The cash funds exempt shall be from funds received from the department of health care policy and financing out of the appropriation made in subsection (2) of this section.

(b) The general fund appropriation made to self-sufficiency, assistance payments, grant payments, shall be increased by sixty-five thousand two hundred thirteen dollars (\$65,213) for a new line item, medically correctable pilot program.

(c) In the appropriation made to children, youth, and families, child welfare, the amount appropriated from the general fund is reduced by two million five hundred sixteen thousand two hundred thirty dollars (\$2,516,230), the amount appropriated from federal funds is reduced by two hundred sixty-three thousand four hundred thirty-six dollars (\$263,436), and the cash funds exempt appropriation is increased by three million thirty-four thousand seven hundred four dollars (\$3,034,704). The cash funds exempt shall be from funds received from the department of health care policy and financing out of the appropriation made in subsection (2) of this section.

(d) The cash funds exempt appropriation made to the health and rehabilitation services, office of health and rehabilitation, community services for persons with developmental disabilities is increased by fourteen thousand five hundred fifty dollars (\$14,550). The cash funds exempt shall be from funds received from the department of health care policy and financing out of the appropriation made in subsection (2) of this section.

(e) The general fund appropriation made to health and rehabilitation services, division of vocational rehabilitation, for disability determination services, is increased by thirteen thousand three hundred sixty dollars (\$13,360).

SECTION 10. Effective date. This act shall take effect July 1, 1996.

SECTION 11. Safety clause. The general assembly hereby finds, determines, and declares that this act is necessary for the immediate preservation of the public peace, health, and safety.

Approved: June 1, 1996